

the immediate result, all medicinal interference was laid aside, and rest in a darkened room with perfect quiet was enjoined for the day.

6 P. M. Much improved since last visit; pupils nearly normal in diameter, but not quite as susceptible to light as desired; complains of slight dryness of the fauces; some vertigo with occasional delirium through the day; and the eldest, when asked in reference to his thoughts, replied that he felt as if dreaming, though not asleep. When seen the next day there had been a free evacuation of the bowels with much apparent benefit; they were playing about the door without the least abnormal symptom; conversed with freedom, and were perfectly rational.

Though the above details refer to but two cases, yet there were five others, younger, who had partaken of the seed, and in whom dilatation and immobility of the pupils was so manifest that emesis was induced in each, and they were kept under close observation for any signs which might demand attention, but as vomiting had been so early produced, nothing of the kind occurred.

When we consider the violence of the symptoms, the rapidity with which they became evident, and the quantity of opium used in a few hours, we cannot but help drawing the inference that there must have existed some antagonism between the two.

DOMESTIC SUMMARY.

Lithotomy in Young Persons.—Dr. J. MASON WARREN has communicated to the Boston Society for Medical Improvement two cases of the lithotomy in young persons, with some interesting remarks on operations for stone in the bladder.

In the first case the ordinary bilateral operation was performed, in the second some novel procedures were adopted, and we therefore subjoin Dr. W.'s account of it.

Jacob Banks, æt. 13, entered the Massachusetts General Hospital in March, 1863, on account of great suffering in the region of the bladder, accompanied by incontinence of urine. Two years before, he noticed an occasional difficulty in passing water; at times a sudden stoppage of the stream occurred, and the urine was now and then a little bloody. Of late the symptoms had become more urgent and the pain constant, so as to confine him to his bed. At this time the urine dribbled away, and the skin of the penis, serotum and thighs had become red and irritated by it. The prepuce, as in the last case, was much elongated.

On introducing a sound, the instrument encountered much resistance at the neck of the bladder, and at once came in contact with a stone. The bladder was quite empty of urine, and the calculus meeting the sound at different points, while enveloped in the mucous folds, gave the impression of the existence of two or more stones.

It was decided to perform lithotomy, first relieving the external irritation by cleanliness and suitable dressings, and then evacuating the bowels by a dose of castor oil, followed by an enema, on the morning fixed for the operation.

The operation which was performed combined some of the more important features both of the median and bi-lateral methods, and seems to offer some advantages over either. A sound of medium size was passed into the bladder, the meatus urinarius, which had become very much contracted, being first slightly enlarged by the knife. The skin was then divided in the median raphe, and the dissection continued in the same line until the membranous part of the urethra was exposed. This was next opened, and the attempt made to introduce the double "lithotome caché" of Dupuytren. Owing to the unyielding

condition of the neck of the bladder, the lithotome could not readily be passed in; a probe-pointed bistoury was therefore substituted for it, and the prostate divided on both sides. The finger now entered with ease, and a large stone was felt very high up in the bladder. Attempts were made to extract it with a long pair of polypus forceps, and then with the ordinary lithotomy forceps, but without success, owing to the great size of the stone; the cut in the prostate was therefore enlarged, and the attempts at extraction renewed, but still unsuccessfully. As it was not deemed safe to enlarge the incision in the prostate further with the knife, the two forefingers were introduced, back to back, and the substance of the gland slightly torn. A larger pair of forceps was then passed in, and by embracing the whole stone within its jaws it was extracted without further difficulty. A bit of catheter was placed in the wound, and the patient sent back to bed.

On the ninth day the urine began to pass through the urethra, and from the twelfth day none escaped by the wound. At the end of three weeks the patient was discharged, with the external wound nearly healed, and free from all symptoms of stone.

The calculus, which appeared to be composed of the triple phosphate of magnesia and ammonia, was large and very rough; it measured three and a half inches in its longest circumference, and two and three-quarters in the shortest; its weight was half an ounce.

Dr. W. said that he was led to perform the operation in the manner related, viz., by making an incision through the skin in the median raphe, instead of the cross cut, employed by Dupuytren, from having observed how easily these parts could be dilated in the incisions practised in perineal section for the division of strictures, in some cases impassable by the smallest sound. In these cases, after cutting through a deep perineum filled with inflammatory exudation, it is often found necessary to exercise much patience and to spend much time in tracing the urethra beyond the stricture. Having had occasion, during the past few years, to do a number of these operations, most of them entirely without any guide, he was led to the reflection that it would be very easy in this way to perform the operation of lithotomy when the operator is guided by the presence of a large staff in the urethra. When the operation by this median section is performed deliberately, the operator has the parts divided freely open to the view, which is not the case in Dupuytren's operation, which has to be performed mainly by the sense of touch. By this method, also, the vessels are much less likely to be wounded than in the common operation. Although different kinds of operations must of necessity be practised to suit different cases, the present method would seem to be the most direct and natural one for arriving at the bladder. Since performing it, Dr. W. said he had found that a similar operation had been suggested by Mr. Erichsen, who had not, however, performed it upon the living subject. Mr. Allarton's and Mr. Beaumont's operations, although done in the median line, are essentially different.

Dr. W. stated that he had now operated upon about thirty cases of stone in the bladder, and thus far had been so fortunate as not to lose a single patient. Most of the operations had been done by the crushing method, which he had found applicable to all cases except in very young persons; the oxalate of lime, or "mulberry calculus," when in an adult patient, and of a moderate size, not being an objection on account of its hardness. In young subjects, on account of the small size of the urethra, the danger of its obstruction by fragments, and the comparative safety of lithotomy, he had generally performed lithotomy by the bi-lateral section, and the recoveries, without exception, have been safe and speedy.—*Boston Med. and Surg. Journ.*, March 10, 1864.

Ligature of the Common Carotid.—Prof. C. A. POPE, of St. Louis, records (*St. Louis Med. and Surg. Journ.*, January, and February, 1864) the following interesting case of this:—

"The late General Bayard, who was killed at the battle of Fredericksburg, received an arrow-shot wound in the left upper jaw, on the 11th July, 1860, whilst a lieutenant in New Mexico, in a skirmish with the Indians. The iron point, spear shaped, and two and a half inches long, with a small neck for the